

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	14		10			
TOTAL DEP.	02		39			
TOTAL CLAIMS	86		49			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				101		
52				102		
53				103		
54				104		
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TOTAL CLAIMS						